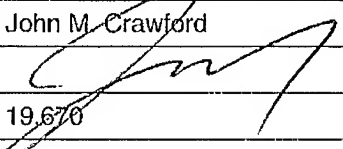


AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Gupta et al.							
Application No. 10/636081							
Filed: 08/06/2003							
Title: Method for Producing Conifer Somatic Embryos							
Attorney Docket No. WEYE-1-27079/24866A		Art Unit: 1638					
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 40%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td>Tineka J. Quinton</td> <td>53,496</td> </tr> </tbody> </table> <p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have the authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>				Name	Registration Number	Tineka J. Quinton	53,496
Name	Registration Number						
Tineka J. Quinton	53,496						
Signature of Practitioner of Record							
Name	John M. Crawford						
Signature			Date November 16, 2006				
Registration No.	19,670	Telephone	253-924-5611				

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.